

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF C.S.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
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Seattle, WA 98104
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1 I, C.S., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I live in Olympia, Washington with my husband. I am a paraeducator in
5 a local public school district and my husband is a retired public servant. Our two kids were born
6 and raised in Olympia.

7 3. Our son, H.S., is 28 years old and is transgender. I have chosen to refer to him
8 with initials because I am fearful that the government could retaliate against us, or individuals
9 emboldened by recent actions of the federal government could target my family for speaking
10 out. This is also why I have chosen to submit this declaration using my own initials.

11 4. H.S. is married and works as a librarian for a children's library. He is also a
12 passionate activist for trans youth and social justice. I'm really proud of him.

13 5. When H.S. was 14 he told me he is transgender. It took me by surprise. It was
14 over 14 years ago and at that time there was not a lot of public awareness about what it meant to
15 be transgender. I had a preconceived notion that a transgender person would "know" at a very
16 young age and there would be signs early on.

17 6. Reflecting on it, we were aware that starting around fifth grade, H.S. wore mostly
18 "boyish" clothes. I would have described him back then as a tomboy. In middle school, H.S.
19 suffered from an eating disorder, which he received psychiatric support for. I understand now
20 that body dysmorphia and gender dysphoria are often connected. During this time, H.S. also
21 struggled with depression. He was withdrawn and isolated himself.

22 7. After he told me that he is transgender, we tried a couple different therapists he
23 did not connect with but eventually found him a non-binary gender-affirming therapist, which
24 helped him explore his gender identity and work towards a healthier relationship with his body.
25 It was important to us as a family to understand what H.S. was going through and to work through
26 our own confusion and fears about it. We connected with Gender Odyssey, a national conference

1 for families of transgender and gender diverse children which was very helpful in our journey to
2 understanding and supporting our son. I also joined PFLAG, a family-based organization that
3 supports the rights of LGBTQ+, transgender and gender expansive people. These groups helped
4 me better understand what my son and family were going through, and I am still an active
5 member today. H.S. found his own community online and through a local LGBTQ+ youth
6 support group.

7 8. When H.S. was 15, we went to the Division of Adolescent Medicine at Seattle
8 Children's Hospital for an assessment. The evaluation was very thorough. The doctors diagnosed
9 H.S. with gender dysphoria and advised that hormone treatments were an option if H.S. wanted
10 to go that route. The doctor explained the possible fertility risks, and possible side effects like
11 higher blood pressure and weight gain. H.S. chose to start hormone treatment with our support.
12 All this to say, gender-affirming medical treatment is not something we took lightly or rushed
13 into.

14 9. Although the evaluation process was difficult for H.S., the gender-affirming care
15 he received at the Seattle Children's was lifesaving. H.S. was a different kid after starting his
16 testosterone treatments. His depression lessened and he was much less moody. The self-hatred
17 he had for his body eased. Because H.S. was already in puberty at this time, he had been binding
18 his breasts with ACE bandages which were not comfortable or safe. It is hard as a parent to watch
19 your child be in such conflict with their own body. We eventually purchased a more comfortable
20 binder for H.S., designed for trans men.

21 10. Although starting hormone treatments was clearly the right thing to do for H.S.,
22 I do recall having serious concerns at the time and challenging his decision. H.S. was confident
23 in his need for the medical care and said "mom, why would I choose this?" and "this is who I
24 am; I do not feel right in this body."

25 11. As a family we supported our son. His younger sister was particularly supportive
26 and accepted H.S.'s identity. We recognized that it was medically approved and medically

1 necessary for him to access gender-affirming medication. We wanted him to be happy in his
2 body so he could continue to grow and plan a future for himself, instead of battling depression
3 and his body. We were always concerned about suicide. While he never attempted it, we learned
4 that the suicide rate for trans youth is incredibly high. We helped him change his name and
5 gender markers on his identification documents when he was fifteen.

6 12. Despite having the support of his family, H.S.'s social transition was difficult at
7 times. When he started high school, he asserted his name change and gender identity and got
8 pushback. Then, when H.S. was in summer school during the summer between his freshman and
9 sophomore years of high school, he was not allowed to use the boy's bathroom. The school told
10 him that he had to use the nurse's bathroom, which H.S. was not comfortable doing. Instead, he
11 would try to hold his bladder or sneak into the boy's bathroom. Neither was good for his physical
12 or mental health safety. We filed a complaint with the Human Rights Commission, which was
13 successful and H.S. was eventually allowed to use the boy's bathroom. But still, H.S.
14 experienced harassment from his peers while in school, his teachers often misgendered him, and
15 he did not have the support of the school administrators. H.S. ultimately decided to transfer to a
16 different school.

17 13. H.S. got top surgery at a clinic in Bellevue when he was 16 years old. Once he
18 had the surgery, he was free to be more comfortable in his body and fluid in his gender
19 expression. H.S. identifies as male and mostly uses he/him pronouns, but it is important to him
20 to have the freedom to express himself as he wishes.

21 14. The narrative that families and young people make these decisions quickly
22 without careful consideration or consultation with mental and physical health providers is false.
23 H.S. had to undergo extensive psychological testing to receive gender-affirming care. As parents,
24 we had concerns and took the time to get support, ask questions, and learn. There is also a
25 misconception that trans youth don't know who they are and are just confused. I wonder if those
26 people have ever actually talked to a trans kid. Trans youth know who they are.

1 15. Before the presidential election in November, we heard about plans for the
2 potential incoming administration to make policies negatively affecting transgender people. The
3 false narratives about transgender people and their families were so prominent in the campaign.
4 It was deeply concerning.

5 16. At PFLAG, we have met families who relocated to Washington from other states,
6 including Texas, in order to protect their children's access to gender-affirming medical care. I
7 am also aware of a family who is preparing to help their adult transgender son leave the country
8 in order to feel safer.

9 17. The EO restricting access to gender-affirming care for youth is dangerous and
10 concerning. Limiting peoples' access to gender-affirming care is no different than withholding
11 needed medications from anyone else experiencing a medical condition. It endangers lives. I
12 worry that if my son lost access to his hormone therapy, he would be forced to seek his treatments
13 from the black market. I also believe that if he had not had access to the gender-affirming care
14 he received as a young person, his depression would have won, and he would not be here. He
15 certainly would have had other health complications, including the eating disorder, depression
16 and possible substance abuse.

17 18. H.S. is an adult now, but we are both deeply worried for other transgender young
18 people and their families. There is so much dangerous rhetoric out there targeting transgender
19 and gender expansive people, it is scary, and people are going to get hurt. The suicide rates for
20 transgender youth are already too high. I worry that they will increase.

21 19. I saw what my son went through. Gender-affirming care is lifesaving. Denying
22 the care is not going to change how a young person feels inside and will have serious mental and
23 physical health impacts. The language in the EO that targets parents sends the message that by
24 supporting our children's access to medical care we are abusing them. That harms families. I
25 learned a lot from my son and the communities we connected with, and I am a better person for
26 it.

